

# PROGRESS NOTES

## Medical Staff

### In This Issue . . .

Vaccine Safety Alerts.....	Page 4
Childbirth Services in Jaundt Family Pavilion .....	Page 4
LVHHN Plans MOB at MHC .....	Page 5
LVHHN Forms New Cancer Institute.....	Page 5
More LTACH Questions and Answers.....	Page 6
General Internists Take Lead in Measuring Outcome of Colorectal Cancer Screening Initiative .....	Page 6
News from Health Information Management.....	Page 7
Does My Patient Need PT? .....	Page 8
An Update on Lehigh Valley Home Care.....	Page 9
New KCI Rental Bed Surface .....	Page 9
Renal Enhancement Program .....	Page 10
Congratulations!.....	Page 10
Papers, Publications and Presentations.....	Pages 10 & 11
Upcoming Seminars, Conferences and Meetings .....	Page 11
Therapeutics at a Glance.....	Pages 19 & 20
Transfusion Documentation Guidelines.....	Pages 21-25
Administration of Home Antibiotic Therapy by Intravenous Push.....	Page 26
News from CEDS.....	Pages 27-29

It is with deep sadness that we  
announce the death of  
**Dean F. Dimick, MD**  
First Chairperson of the  
Department of Medicine  
Lehigh Valley Hospital  
1973-1988  
and  
Chairperson of the Department  
of Medicine  
The Allentown Hospital  
1967-1988

Colleague - Mentor - Doctor - Friend  
He will truly be missed.



### From the President

*"In any moment of decision the best thing  
you can do is the right thing, the next  
best thing is the wrong thing, and the  
worst thing you can do is nothing." -  
Theodore Roosevelt*

#### Colleagues:

I wanted to bring you up to date on the  
status of the members of Allen  
Neurosurgical Associates and their decision  
to resign from coverage of the trauma  
service at the Lehigh Valley Hospital. In my  
note to you in the July 1999 **Medical Staff  
Progress Notes**, I discussed some of the  
potential implications of their decision.

In spite of multiple appeals by your medical  
staff leadership to members of ANA to  
reconsider their decision, there was no  
apparent change in their announced  
intention to withdraw from providing  
coverage for patients admitted to the trauma  
service with neurosurgical injuries. I called a  
special meeting of the Medical Staff  
Executive Committee on June 29, 1999 to  
discuss this issue. After an extensive  
discussion of the history of the impasse and  
progress (or lack thereof) of the discussions  
with Dr. Chovanes, the appointed  
representative of ANA, the Medical Staff  
Executive Committee passed three  
resolutions.

1. Coverage of the trauma service could  
not be separated from coverage of the  
Emergency Department. This  
reaffirmed the resolution passed by the  
Surgical Executive Committee on March  
23, 1999.

(Continued on Page 2)

(Continued from Page 1)

2. If Drs. Morrow and Chovanes failed to provide coverage for the trauma service after July 1, 1999, they would be in violation of the Medical Staff Bylaws and the Rules and Regulations of the Division of Neurological Surgery and, therefore, a recommendation to the Board of Trustees would be made to recommend termination of their clinical privileges subject to the provisions of the Fair Hearing & Appellate Review Process as specified in the Medical Staff Bylaws.
3. Drs. Morrow and Chovanes would be allowed to maintain active clinical privileges until they either resigned from the LVH/MHC Medical Staff or completed the "Fair Hearing and Appellate Review Process."

Drs. Morrow and Chovanes have continued to be active at the hospital since July 1, 1999. They are not providing coverage for traumatized patients. They have requested a "Fair Hearing" as provided by the Medical Staff Bylaws. I have appointed three physicians to serve on the fair hearing panel. The first hearing occurred on September 16, 1999. A further hearing is to be scheduled. Hopefully, this will bring an end to this difficult and painful process, which has dominated the time, efforts, and emotional strength of your medical staff leadership, as well as many members of administration since March 9, 1999. Our attention to the important problems of the Medical Staff of LVH/MHC has been diverted by our requirement to deal with the above matter.

As I stated in my July 1999 letter to you "This will truly be a 'lose-lose' scenario for both the institution and the members of ANA, who we have valued as our professional colleagues for many years." This is a tragedy which could have been avoided if the physicians of ANA would have recognized their primary responsibility to patient care and to the care of the Lehigh Valley community.

◆ ◆ ◆ ◆ ◆

In late August, I visited Vanderbilt University in Nashville, Tennessee with members of the hospital and PennCARE<sup>SM</sup> administration to view a computerized physician order entry system developed there by Dr. William Stead and a number of his colleagues. On September 9, Dr. John Jaffe, Fred Pane, and I visited Boston to review a different "decision support system" including a physician order entry system ("POES") at the Brigham & Women's Hospital and the Massachusetts General Hospital (Partners Health Care). We found this system to be intriguing, potentially useful, and with a great possibility to reduce the workload of the nursing and ancillary staffs. Although initially such a system would require a significant capital investment, it would ultimately provide an economic benefit for the institution. There is also a great

likelihood that it would reduce medication errors, adverse medication interactions, duplicate testing, and improve our efforts at "care management" by providing standardized orders and protocols. I believe that this system, or one similar to it, would help us to improve the quality of care which we deliver to our patients. Such a system would eventually (after a period of training) result in a decrease in physician work. I am going to continue to work with the hospital administration to investigate such a system and to see if its installation at LVH/MHC would make sense for our Medical Staff. Before any such system would be purchased, a committed group of physicians would need to be involved to extensively study the project and to obtain their recommendations and approval.

◆ ◆ ◆ ◆ ◆

As many of you are already aware, the Lehigh Valley Business Conference on Health Care has decided to change the administrator of their health plan from Keystone Health Plan to Aetna/U.S. Healthcare beginning January 2000. This change would involve the self-insured corporate members of the Business Conference including Air Products, Bethlehem Steel, P P & L, Mack Trucks, The Fuller Corporation, and Lehigh Portland Cement. Employees of these companies who would be forced to switch their health care coverage from Keystone to Aetna/U.S. Healthcare would not become members of PennCARE<sup>SM</sup>, but rather would be "non-risk" participants in the standard Aetna/U.S. Healthcare program since they participate through self-insured corporate programs. The per diem hospital reimbursement from Aetna/U.S. Healthcare for patients hospitalized at Lehigh Valley Hospital is considerably less than the reimbursement from Keystone Health Plan. The Board of Trustees of the Lehigh Valley Physician Hospital Organization and many members of our Medical Staff, both those in private practice and LVPG, have raised serious concerns about the implications to the hospital and their practices in regards to this proposed change. We recently have learned that Air Products and Mack Trucks have offered their employees the option of an alternative Blue Cross/Blue Shield health plan instead of Aetna/U.S. Healthcare. This move, which may also be followed by other corporate members of the Business Conference, represents a major change that will benefit members of our Medical Staff and the LVH/MHC.

◆ ◆ ◆ ◆ ◆

Many physicians have expressed concern about the frequency and duration of physical therapy services, which our patients receive when we order physical therapy. HCFA criteria and requirements that must be met for patients to qualify for and receive physical therapy services closely control the Physical Therapy Department. Unless patients meet these criteria, they are ineligible for physical therapy even though we as

(Continued on Page 3)

(Continued from Page 2)

Physicians feel that PT may be helpful. In this month's issue of **Medical Staff Progress Notes**, the criteria for physiotherapy are reviewed. This information should help all of us to better understand when PT is appropriate and why PT is sometimes discontinued when we think it should continue.

◆◆◆◆◆

This morning I heard two interesting and surprising rumors – 1) LVPG is recruiting a new plastic surgeon to go into competition with our private practicing plastic surgeons; and 2) LVPG is recruiting a new vascular surgeon to compete with our three groups of vascular surgeons. I've investigated these rumors and have found no evidence that they represent fact or truth. How do such rumors get started? Where do they come from? What is the paranoia that leads to the spread of these rumors? I would ask my colleagues on the Medical Staff to either call Ed Mullin, Bob Murphy, or me, or to write us via e-mail when you hear such rumors. Before you tell the next person you see in the hallway the unfounded rumor you have just heard, give us a chance to investigate the accuracy of such stories so that we can either put them to rest quickly as being untrue, or develop a strategy to deal with the true and potentially threatening facts. I promise you that we will quickly address the appropriate individuals to obtain the true story and will get back to you as soon possible.

◆◆◆◆◆

I believe that it is very important for our LVH/MHC Medical Staff members to have significant input into administrative decisions that affect the clinical care we deliver to our patients. Whether this is discussion about the utility of a computerized physician order entry system, plans for the reorganization of medical/surgical units, renovations for the O.R.'s at Cedar Crest & I-78, or any other issues which involve the delivery of patient care, physicians should be actively involved in these discussions. I believe we all want this input. I believe that our input is needed so that administrators can make the best decisions. I will strive to see that this input is requested and provided. We, as physicians, have a responsibility in this process. If we want to be involved then we need to be prepared to devote the time, study, and effort to providing that input which is requested of us. If we fail to volunteer or make ourselves available when asked to serve, then we should not complain after a decision is made without our input.

**Sit, Answer and Touch!**

Remember, when you are making hospital rounds to sit at your patient's bedside, ask for their questions, answer their questions, and make physical contact with the patient.

Dr. David Prager has prepared a monograph on "**The Heparins, Heparin Induced Thrombocytopenia, Heparin Induced Thrombosis.**" This includes guidelines and clinical features concerning unfractionated and fractionated Heparin. The monograph is available by contacting Medical Staff Services at (610) 402-8980. The contents include information about heparin physiology, administration, metabolism, thrombocytopenia, thrombosis, and treatment. Peer reviewed medical literature references are also included. I would encourage interested members of the medical or nursing staffs to review this article. We are appreciative of Dr. Prager's time and commitment to our education and to the continued delivery of high quality patient care for our patients who require heparin anticoagulation.

**EMAIL**

As before, I'd like to encourage all members of the Medical Staff to read their email regularly or to designate a staff member to be your appointed "surrogate" who can read and print out your email messages for you on a daily basis. If you or your staff need help in assigning a "surrogate," please call Information Services at (610) 402-8303.

When Dr. Jaffe and I were talking to the staff at the Massachusetts General Hospital, the clinicians there were very surprised that only a minority of our physician staff uses e-mail. They have found it very useful in communicating clinical information about their patients to each other. They use e-mail to send clinical information back and forth and to help consultants and referring physicians obtain information quickly. We could do this, too. We should do more of it, more often. We have the computer capability using our new e-mail system to send attached files and documents to our colleagues. Let's try it and see if it speeds our communication with our colleagues.

I hope you all have a good month of October. I'll be writing to you again in November. It's hard to believe I'm already nine months into my Presidency. I'm still having fun! There are still lots of things I'd like to accomplish over the next 15 months of my term. With your help and continued support, maybe we'll get to address some of the important issues that confront our Medical Staff. I'm very open to any advice or suggestions that you may have for me in order that I may do a better job as your President. Please feel free to give me a call or send me an e-mail message with your suggestions or concerns. I can't guarantee that I'll always make the right decision, but I'll try to make a fair decision based on the facts that I receive from my colleagues.



David M. Caccese, MD  
Medical Staff President

## Vaccine Safety Alerts

The Centers for Disease Control and Prevention (CDC) has recommended that physicians and parents **postpone the use of the rotavirus vaccine** (Rotashield, Wyeth) for infants, at least until November 1999. The CDC has been collecting data in an ongoing investigation of a possible cause and effect relationship between the administration of the rotavirus vaccine and cases of intussusception. Rotashield was licensed in August, 1998 to help protect children against rotavirus, a severe acute gastroenteritis in children accounting for 500,000 physician visits and 50,000 hospitalizations a year.

Modification to the **infant Hepatitis B immunization schedule** has been recommended by the U.S. Public Health Service (PHS) and the American Academy of Pediatrics (AAP). This is in response to an FDA request to have vaccine manufacturers, as a precautionary measure, remove thimerosal from vaccines. Thimerosal, which contains mercury, is the most widely used preservative in vaccines to prevent bacterial contamination of multi dose vaccine vials when they are opened.

The AAP recommendations for prevention of hepatitis B virus infection are as follows:

- For infants born to HbsAg-positive women and women not tested for HbsAg during pregnancy

Recommendations remain unchanged. These infants need hepatitis B virus vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.

- For infants born to HbsAg-negative women

The only thimerosal-free hepatitis B vaccine available (COMVAX) also contains Haemophilus influenzae type b (HiB) vaccine (PRP-OMP). This product is not approved before six weeks of age because of decreased response to the Hib component when administered at this age. Therefore, this thimerosal-free vaccine may be given to infants beginning at the two-month visit.

If thimerosal-free vaccine is not available, hepatitis B virus vaccination should be initiated at six months of age.

Both of these approaches should allow completion of the necessary three doses of vaccine by 18 months of age.

- Hepatitis B vaccine which does not contain thimerosal is expected to be made available in the near future. When sufficient supplies of this vaccine are available, resumption of the previous recommendation that hepatitis

B virus immunization should begin at or soon after birth (0-2 months).

If you have any questions regarding this issue, please contact Terry Burger, Manager, Infection Control, at (610) 402-0680.

References: CDC. Intussusception Among Recipients of Rotavirus Vaccine – United States, 1998-1999, MMWR 1999;48(no.27).  
AAP. Use of Hepatitis B Vaccines Related to Thimerosal in Vaccines – Q & A. <http://www.aap.org/new/hepbqa.htm>.

## Childbirth Services in the New Jaindl Family Pavilion

Beginning in January, 2000, Lehigh Valley Hospital and Health Network will deliver the "ultimate birthing experience" with a move of childbirth services from its 17<sup>th</sup> & Chew site to the new Jaindl Family Pavillion at Cedar Crest & I-78.

Already the leading provider of childbirth services in the Lehigh Valley with more than 100,000 births, the hospital will continue to offer a full range of obstetrical care, including a Level III neonatal intensive care unit.

"We're bringing our expertise and quality childbirth care together with all our hospital resources, while providing the latest and greatest in customer service," said Stephen K. Klasko, MD, Chairperson, Department of Obstetrics and Gynecology. "Our goal is to offer a very cozy and home-like experience for new moms and their families."

Some of the new features will include:

- 27 private family rooms, decorated like home
- 12 birthing suites in a soothing environment
- A massage tub and whirlpool to ease labor
- Sleeping chairs that open into beds for dads
- Free valet parking for quick access
- Seated showers
- Special bassinets for babies to room with moms
- A cozy day room to relax with visitors
- Interactive Internet "baby press conference" for family and friends

Childbirth services will be on the 3<sup>rd</sup> and 4<sup>th</sup> floors, in the same building with diagnostic services, intensive care units and cardiology and adjoining the main hospital that houses operating rooms, the Emergency Department, the Level I Trauma Center, and the Pediatrics Unit.

## LVHHN Plans MOB at MHC

LVHHN will break ground in mid-November for a new three-story medical office building on the Muhlenberg Hospital Center campus.

According to Stuart Paxton, Senior Vice President for Operations at MHC, the 58,000-sq.ft. building will include medical office space for Lehigh Valley Cardiology Associates (LVCA), the anchor tenant. The group currently has 11 physicians, with plans to add three more.

The building also will house a 17,200-sq.ft. fitness center on the first floor, whose programs will include comprehensive orthopedic and cardiac rehabilitation, corporate and community fitness, educational seminars and wellness programs. A membership program will be limited to patients who choose fitness after rehab, network employees and corporate clients of HealthWorks, an occupational medicine program of MHC.

Muhlenberg Behavioral Health also plans to lease space in the building. The remaining space will be available for additional physician offices, as will space that is vacated in the medical office building at 2597 Schoenersville Road when LVCA relocates. The new building will be located between the parking lot for the building at 2597 Schoenersville Road and the current one-story medical office buildings at 2649 and 2657 Schoenersville Road.

The new building will be ready for occupancy by September 1, 2000. Projected cost is \$6.7 million.

## LVHHN Forms New Cancer Institute with Penn State Geisinger

Lehigh Valley Hospital and Health Network (LVHHN) has joined as an equal partner with the Penn State Geisinger Health System to form the Penn State Geisinger Cancer Institute.

The institute will coordinate all services that will continue to be offered at five major sites: LVHHN's John and Dorothy Morgan Cancer Center, Hershey Medical Center, Geisinger Medical Center in Danville, Wyoming Valley Medical Center and the Penn State Geisinger Health Group in State College.

Those sites combined treat more than 5,000 new cancer cases annually, comparable to the nation's top cancer centers, according to Gregory Harper, MD, Physician in Chief, LVHHN Cancer Services. LVHHN Cancer Services treats 2,000 alone.

The new partnership will create greater access to more research studies on the treatment, causes and prevention of cancer, and more educational opportunities for patients, health care professionals and the community, Dr. Harper said. "We also expect more highly specialized cancer services to be available right here in the Lehigh Valley soon, through the Morgan Cancer Center at Cedar Crest and I-78, and its new satellite site at Muhlenberg Hospital Center in Bethlehem," he said. That would include specialists in bone marrow transplantation for whom a facility is being prepared at the Morgan Cancer Center.

"And with more than 100 physicians in all 19 cancer specialties united under the umbrella of the Penn State Geisinger Cancer Institute, our patients here will experience the benefits of that shared knowledge and experience as we continually improve our outcomes in cancer care," Dr. Harper said.

These benefits were unavailable through LVHHN's previous affiliation with Johns Hopkins University and Medical Center in Baltimore, Dr. Harper said. That arrangement was terminated in June of this year.

"This enhancement to our strong relationship with our university partner is a clear 'win' for the people of the Lehigh Valley," said Elliot J. Sussman, MD, President and CEO, LVHHN. "Our increased participation in clinical research, for example, ensures that LVH remains a leader in discovering new ways to treat and prevent cancer." The institute also provides a bridge to cancer-related scientific research conducted at Penn State's College of Medicine.

Dr. Harper said institute partners intend to pursue designation by the National Cancer Institute, a "stamp of approval" that acknowledges nationally recognized clinical services and innovative, integrated and collaborative research.

As of October 4, 1999, the Outpatient Registration/Admitting Department at 17<sup>th</sup> & Chew will be closed. The registration process has been decentralized to the appropriate areas:

- > Patients coming to the hospital for lab work will be registered in the lab
- > Patients requiring outpatient testing will be registered in the Outpatient Diagnostic Area on the first floor
- > Patients requiring x-rays will be registered in the Radiology Department at 17<sup>th</sup> & Chew
- > Psychiatry patients requiring admission will be processed through the Emergency Department at 17<sup>th</sup> & Chew
- > All other admissions will be handled by the Admitting Department at Cedar Crest & I-78 at (610) 402-8062.

If you have any questions, please contact either Lisa Coleman or Bernadette Potetz in Admitting at (610) 402-8066.

## **More Questions You May Have About the LTACH...**

### **What is the official name for the LTACH?**

The official name is Good Shepherd Specialty Hospital-Allentown.

### **Will the LTACH have its own CEO?**

Yes. Mr. Joseph Pitingolo has been recruited to provide administrative leadership beginning October 4, 1999. He comes to the LTACH from Select Medical in Reno, Nevada, with extensive administrative and LTACH experience. Both Mr. Pitingolo and Linda Dean, LTACH Hospital Operations, will share the administrative responsibilities for LTACH planning and implementation.

### **Will the LTACH have its own Board of Trustees?**

Yes. A small board of no more than six members will be appointed. Membership will reflect the interests of both Good Shepherd Rehabilitation Hospital and Lehigh Valley Hospital.

### **How will the Medical Staff function?**

Even though the LTACH is an acute care hospital, the rules for the operation of the medical staff are modified since it is a hospital with less than 50 beds. Meetings are limited to one medical staff executive meeting per month where all performance improvement, credentialing, bylaws and business issues are addressed. Attendance will be required for the medical staff officers and medical directors. The full medical staff will meet quarterly.

### **How can I reach the LTACH Administrative Staff?**

The LTACH Administration office is located on the first floor of the Cedar Crest facility in the space previously occupied by Pre-admission Testing. Nancy Hardick is the Medical Staff Coordinator and is located in this office suite. The phone number is (610) 402-8962.

### **How do I obtain privileges to practice in the LTACH?**

After October 1, 1999, you can stop by the Administrative office to obtain an application.

Stay tuned next month for more information...

If you have any questions regarding LTACH, please contact Jane Dorval, MD, at (610) 776-3340 or pager (610) 830-2793; Stephen C. Matchett, MD, at (610) 439-8856 or pager (610) 920-7225; or Linda Dean, LTACH Hospital Operations, at (610) 402-8962 or pager (610) 830-3110.

## **General Internists Take Lead in Measuring Outcome of Colorectal Cancer Screening Initiative**

In an attempt to promote patient awareness regarding the importance of appropriate colorectal screening procedures, the Allentown Health Bureau, in conjunction with local media and hospitals, kicked off its media campaign with a press conference held on September 14.

As part of this initiative, the Division of General Internal Medicine of Lehigh Valley Hospital is conducting a prospective randomized controlled interventional study designed to measure the effect of the Allentown Health Bureau's media campaign. This study is being funded by a \$35,000 research grant from the Department of Community Health and Health Studies of Lehigh Valley Hospital.

Several general internists – Drs. Jack Nuschke, David Caccese, Charles Gordon, and Keith Doram – have taken a leadership role in the development and implementation of this noteworthy colorectal cancer screening study. The Allentown Health Bureau has been very supportive of and receptive to the contributions that the general internists have made to this project.

Internists take a special interest in promoting effective colorectal screening for adults (50 years and over). Unfortunately, according to data from the Centers for Disease Control, in Pennsylvania, only 22% of adults (50 years and over) were getting the recommended fecal occult blood test and only 32% were getting the recommended sigmoidoscopic or proctoscopic exam. If our community followed the recommended guidelines for colorectal cancer screening, colorectal cancer mortality could be reduced by as much as 75%.

For more information regarding this issue, please contact one of the general internists listed above.

### **CT Scanner at 17<sup>th</sup> & Chew**

The new CT scanner at 17<sup>th</sup> & Chew has been installed and is now fully functional.

Hours: Monday through Friday - 7 a.m. to 3:30 p.m., with on-call coverage during off-hours, weekends and holidays.

To schedule a patient, please call  
(610) 402-2214.

## News from the Health Information Management Department

### Dictation System Upgrade

The end of the year is fast approaching and Y2K changes are being made to the system in preparation for the year 2000. In addition to meeting Y2K compliance requirements, the new system will provide increased access, improved functionality and assist the transcription unit in improving transcription turnaround time.

MHC - The Dictaphone dictation system will be converted to the Lanier dictation system at the end of September. Physicians will be able to utilize their Lastword user number in the new system.

LVH - The Lanier dictation system will be upgraded by the end of October. Older dictate stations will be converted to the standard dictation unit. Physicians will continue to use Lastword user number in the new system.

Physician training and new dictation cards will be available at the time of installation at both campuses.

This state-of-the-art dictation system will provide ease of operation, common functionality and standardization of systems throughout the network. Flyers will be placed at the dictate stations with dates and specifics.

### Verbal Orders

According to the Common Medical Staff Rules and Regulations, "a physician shall not give a verbal order except in an emergency situation." When a verbal order is taken in an emergency, it must be counter-signed by a practitioner within twenty-four (24) hours. If the practitioner is not the attending physician, he or she must be authorized by the attending physician and must be knowledgeable about the patient's condition."

To help reduce the number of incomplete charts for verbal order deficiencies, please sign the orders while the patient is still on the unit. Verbal orders not signed prior to patient discharge become a chart deficiency when the chart is reviewed for completeness.

### HP, OR, DS, Consult Courtesy Copies

To provide continuity of care, the Lastword system allows autofaxing of reports to the attending, referring, family, surgeon, and consulting physicians at the time of transcription. A great percentage of physicians utilize the autofaxing to facilitate continuity of care. The Medical Executive Committee endorsed electronic transmittal of courtesy copies as the mode of providing these copies to physicians.

If you are not currently receiving your courtesy copies via electronic transmittal (facsimile or Phamis network printer), please contact Sue Cassium, Operations Coordinator, Health Information Management Department (610-402-4451).

### Hospital Chart Forms

Preparation for the document imaging system is ongoing. Upon chart review, it was discovered that many forms received from physician offices as part of the pre-admission process are outdated forms. Some questions to determine if you are using the appropriate forms include:

- Does the form have a bar code at the top of the page?
- Does the form have a space for patient ID on each page?
- Is this an original form rather than a photocopy?
- Is there a form number at the bottom of the form?

If you have questions regarding appropriate chart forms, please contact Zelda Greene, Director, Health Information Management, at (610) 402-8330.

### Document Imaging Update at LVH

The HIM Department began the process of scanning charts into the imaging system at the time of patient discharge to continually build a data base and prepare for "electronic signature" by the end of 1999. As a result, you will see some changes in the paper charts after discharge...

#### AMB/ED Discharges - Beginning September 1, 1999

1. All documentation to be signed will be placed as the first documents in the chart.
2. Chart requests for review/readmission will be printed from the imaging system on "yellow" paper and is an exact replica of the original chart.

#### Inpatient Discharges - Beginning October 1, 1999

1. All documentation to be signed will be placed as the first documents in the chart.
2. Chart requests for review/readmission may be printed from the imaging system on "yellow" paper and is an exact replica of the original chart.

If you have any questions or concerns regarding any of these issues, please contact Zelda Greene, Director, Health Information Management, at (610) 402-8330.

#### Coding Tip of the Month

According to Coding Clinic, coders may not code right heart cath 37.21 when inserting or placing a Swan-Ganz catheter unless a diagnostic cardiac catheterization was performed during the episode of care and written report of the diagnostic catheterization is on file in the medical record.

## Does My Patient Need PT?

As physicians practicing in these very challenging times, we are constantly faced with balancing what we think is best for our patients with cost. Each time we pick up a chart and write an order, we are more likely to think "will this order make a difference in the diagnostic work-up" or "will this order affect my patient's outcome?"

When considering physical therapy orders, several points should be a part of your thinking process:

- "Does this patient live alone?" and "Am I worried about the safety of this patient once he/she is discharged?" This will usually apply to your elderly patient admitted with a medical problem who is now deconditioned and/or may have been having problems functioning prior to admission.
- "Because of extensive surgery, treatments and/or complications, my patient has not been out of bed much." Again, this patient is usually deconditioned and at risk for falls unless he/she has some mobility, strengthening and endurance training.
- "I think my patient should be using a cane." Whenever this thought occurs to you, safety is likely to be a problem. Professional instruction in the proper use of a cane or any assistive device is essential when fall prevention becomes an issue.
- "My patient does not want to move because of pain." Some patients are afraid to move when they have pain. Once you have ordered appropriate pain medication and they need to "get used to the idea" of moving again, physical therapy can help.
- "My patient has just been diagnosed with a disabling condition (e.g., stroke, multiple sclerosis, ALS, many CNS pathologies, amputation, multiple trauma) that will likely be lifelong or for many months or years." Adjusting both physically and psychosocially to a major change in function often requires extensive resources over a long period of time. Initiating this period of adjustment may begin in the hospital with the expert support of the physical, occupational, and speech therapy staff. A physiatry consult can provide the framework for the application of best practice for the short and long term disease management of your patient.
- "My patient had a previous disabling condition (e.g., stroke, amputation, polio, Parkinson's, multiple sclerosis, etc.) and I wonder if it has any impact on the current condition my patient faces." Complications or dual disabilities always present a challenge to the patient trying to maintain independence. Physical therapists are in a unique position to address the complicated nature of this patient. To maximize function and for optimal management, a physiatry consultation should be given consideration.

These are a few of the situations you face each day in your practice, both in the hospital and in your office. **What is important to remember is that loss of function can result in serious and expensive long-term medical and psychosocial pathology.** When functional impairments are addressed early, morbidity is minimized. When potential functional impairments are anticipated, morbidity can be prevented.

Physical therapy referrals may include frequency of treatments, precautions, or any special instructions. Frequency of Physical Therapy treatment is guided by the American Physical Therapy Association's recommendations as supported by *A Guide to Physical Therapist Practice*.<sup>1</sup>

Factors that influence the complexity, frequency, and duration of the intervention and the decision-making process may include the following: anatomic and physiologic changes related to growth and development; chronicity or severity of the current condition; cognitive status; level of impairment; living environment; multisite or multisystem involvement; overall physical function and health status; potential discharge destinations; preexisting systemic conditions or diseases; probability of prolonged impairments, functional limitation, or disability; social supports; and stability of the condition.

Discharge/discontinuing physical therapy occurs based on the physical therapist's analysis of the dynamic interplay between the achievement of anticipated goals and the achievement of desired outcomes. The primary criterion for discharge is that the anticipated goals and desired outcomes have been achieved. Other indications for discharge include the following:

- The patient/client declines to continue treatment
- The patient/client is unable to continue to progress toward goals because of medical or psychosocial complications
- The physical therapist determines that the patient/client will no longer benefit from physical therapy services.

In consultation with appropriate individuals, and in consideration of the goals and outcomes, the physical therapist plans for discharge and provides for appropriate follow-up or referral. If the physical therapist determines, through examination and evaluation, that intervention is unlikely to be beneficial, the physical therapist discusses those findings and conclusions with the individuals concerned, and there is no further physical therapist intervention. When a patient/client is discharged prior to achievement of desired outcomes, patient/client status and the rationale for discontinuation are documented.

If you have any questions or concerns regarding physical therapy issues, please contact either Kathy Baker, Director, Physical Therapy, at (610) 402-8480 or pager 5100-6703, or Jane Dorval, MD, Chief, Division of Physical Medicine and Rehabilitation, at pager 830-2793.

---

<sup>1</sup> *A Guide to Physical Therapist Practice*. Volume One: A Description of patient management. Physical Therapy, 1997; 1184.



## **An Update on Lehigh Valley Home Care**

One of the most important aspects of a patient's hospitalization experience is the care they receive, both inside and following the hospitalization. One way to soften the impact of the ever-challenging length of stay issue is to provide home care services. Patients really appreciate the opportunity to have a nurse, therapist, or home health aide provide the extra touch that is needed to recover at home.

Although home care has been challenged by much regulation, the program has continued to grow and keep up to date with changes. A great deal of new technology has been added to the system, such as on-line insurance verification and visit tracking. Services are available 24 hours a day, and a referral can be made at anytime by calling (610) 402-2166. Offices are staffed well into the evenings and weekends to allow you to speak with a member of the staff after hours. On-call personnel are also available to make visits to your patient's home. The service area is broad, serving patients well into New Jersey and Philadelphia, as well as Harrisburg.

The goal of home care is to help your patient experience a seamless and coordinated transition from hospital to home, continuing the care they need. Therefore, the most ideal way to plan for home care is to refer a patient early by calling the referral line at (610) 402-2166. A member of the staff will qualify the patient for home care and set up the nurse well in advance of discharge. Please call your referrals or order home care services by writing orders for the LVHN program.

As the hospital celebrates its 100<sup>th</sup> anniversary, it is important to note that Lehigh Valley Home Care was the second in Pennsylvania. Lehigh Valley Home Care is proud of its staff and the quality of care provided to its patients. The program has received high patient satisfaction marks with results in the 90<sup>th</sup> percentile for satisfaction.

If you have any questions or ideas that will enhance the continuity of patient care, please call Carol L. Schaffer, Vice President of Home Health, at (610) 402-7447.

## **New KCI Rental Bed Surface**

A new KCI rental bed surface – the RIK/MRS – has been added to the KCI bed contract. This product is available at Lehigh Valley Hospital, Cedar Crest & I-78 and 17<sup>th</sup> & Chew. Muhlenberg Hospital Center rents beds from Hill Rom and they do not have a similar product.

The RIK/MRS is an overlay that is placed on top of a supplemental mattress from KCI. The supplemental mattress is the same type that goes under the First Step Low Air Loss

Mattress. The RIK/MRS applies a fluid technology called MicroFlow, a viscous fluid that flows around the patient's bony prominences to minimize interface pressures and shearing. The RIK/MRS provides relief comparable to more expensive and complicated powered bed systems, plus it offers improved shear relief. Other advantages over powered beds is that it eliminates noise, heat, and power consumption. All of the patients that have used this so far have been very comfortable. More important, all of the patients have had positive results with wound healing. Plus, the daily rental is 38% less than the cost of the rental of a First Step!

The RIK/MRS is recommended for treatment of Stage II and Stage III pressure ulcers. It has also been used successfully with a patient with a Stage IV ischial ulcer with a flap. There is a RIK Fluid Mattress (it is thicker) that is recommended by KCI for patients with multiple Stage III pressure ulcers, Stage IV wounds, and skin flaps. Currently, the RIK/MRS is recommended for patients who meet the criteria for a First Step Mattress.

Consider the following when selecting which patients need pressure reducing surfaces beyond the Comfortex Mattress:

- #1 Skin integrity risk assessment
- #2 Number of turning surfaces (the patient should have 2 body surfaces on which he can be positioned without putting pressure on the area of skin breakdown)
- #3 Patient has not responded to cube removal from Comfortex mattress
- #4 Patient will not benefit or has not benefited from alternating air mattress (weight greater than 200 pounds, patient who must be in greater than 30 degree Semi-Fowler's position for long periods of time)
- #5 Overall treatment goals

Because the RIK Fluid Overlay and supplemental mattress weigh 100 pounds, the patient and any equipment that need to be on the bed should not exceed 400 pounds. It is recommended that the RIK/MRS only be placed on Hill Rom beds since they have a 500 pound capacity. (The 500 pounds includes everything above the bed frame including patient, mattress and any additional equipment.) When the RIK/MRS is discontinued, it is to be washed using the usual approved procedure as defined by General Services; take the mattress to the "Out of Use Bed Storage" (DO NOT TRY TO LIFT MATTRESS OFF BED) and cover the mattress and the bed with one of the blue bags that is on a roll in that room. Of course, as usual, the RIK/MRS must be discontinued in Phamix by PCS staff on the unit.

If you have any questions, concerns, or problems regarding this product, please contact Carol Balcavage, Coordinator, Enterostomal Therapy, at (610) 402-8634.

## Renal Enhancement Program

The Renal Enhancement Program, a two-part program offered free of charge to patients and their families, provides information regarding treatment options, nutrition, lifestyle changes, and ways to cope.

The next two-part program will be held on October 18 and 25, from 6 to 8 p.m., in Conference Room 1B of the John and Dorothy Morgan Cancer Center. Light refreshments will be served.

For more information, please contact Joan Noll in Peritoneal Dialysis at (610) 402-0600.

## Congratulations!

**Angelina M. Colton-Slotter, DPM**, Section of Foot and Ankle Surgery, was awarded the Young Member of the Month Nomination by the Young Members of the American Podiatric Medical Association. The award is given to an outstanding academic physician who has only been in practice for one to five years and has proven themselves in the community, in their practice, as well as within their profession. Dr. Colton-Slotter is the President of the Lehigh Valley Podiatric Association.

**Richard S. MacKenzie, MD**, Vice Chairperson, Department of Emergency Medicine, was appointed to the Public Relations Committee of the American College of Emergency Physicians.

**Brian A. Nester, DO**, Associate Vice Chair (MHC), Department of Emergency Medicine, was appointed to the State Legislative Committee of the American College of Emergency Physicians.

**Alexander M. Rosenau, DO**, Associate Vice Chair, Practice Management, Department of Emergency Medicine, was appointed to the Practice Management Committee of the American College of Emergency Physicians.

**Jay S. Talsania, MD**, Division of Orthopedic Surgery/Hand Surgery, Section of Ortho Trauma, recently received notification from the American Board of Orthopaedic Surgery that he successfully passed the 1999 Part II Examination and is now a Diplomate of the Board.

## Papers, Publications and Presentations

An article written by **Daniel F. Brown, MD**, Department of Pathology, Division of Neurosciences, "Lewy Body Dementia,"

was published in the June, 1999 issue of *Annals of Medicine*. In addition, Dr. Brown wrote a chapter in the book, *Research and Practice in Alzheimer's Disease*, titled "The Lewy body variant of Alzheimer's disease represents combined Alzheimer's disease and Parkinson's disease pathology," which was published in July, 1999.

**George F. Carr, DMD**, Division of Prosthodontics/Special Care, recently presented at the Second Annual International Congress of Oral Implantology Prosthodontic Symposium in Chicago, Ill. His topic was "Esthetic Challenges in Creating the Third Dentition." During the symposium, Dr. Carr was awarded a Mastership certificate and Medallion for his dedication and submitted dental implant treatment plans. Dr. Carr has been a diplomat in the International Congress of Oral Implantology since 1990.

As a visiting professor at the University of Genoa, Italy, **Indru T. Khubchandani, MD**, Division of Colon and Rectal Surgery, presented Grand Rounds on August 16. His topic was "Update – Options in the Management of Hemorrhoidal Disease."

**Dominic P. Lu, DDS**, Director, Dental Externship Education and member of the Division of General Dentistry/Special Care, presented two papers at the 14<sup>th</sup> International Symposium on Acupuncture and Electro-Therapeutics held at Columbia University in New York. The papers included "Qi (Chi) in Chinese Medicine, its Origin, Types, Distributions and Manifestation," and "Does Anti-Emetic P6 Neikuan Point also have Anti-Gagging Effect for Dental Patients?" In addition, Dr. Lu presented "Hypnosis and Oral Sedation" at the 74<sup>th</sup> Annual Session at Greater New York Dental Meeting held at Jacob K. Javits Convention Center in New York.

**Vincent R. Lucente, MD**, Vice Chairperson, Department of Obstetrics and Gynecology, participated in "Women in the Know," a national media briefing regarding the new minimally invasive surgical procedure for stress incontinence on July 30 in New York City. Dr. Lucente was invited to be a lecturer at the University of Texas Southwestern Medical Center symposium "Update in Female Incontinence and Pelvic Organ Prolapse" held August 7 in Dallas, Texas. Dr. Lucente presented "Office Treatment of Incontinence" and "Laparoscopic Approach to Prolapse and Incontinence." On August 13, he presented "Overactive Bladder" to the Pennsylvania Osteopathic Family Physicians Society in Hershey, Pa. He also participated in a multi-national panel discussion of the new pubovaginal sling procedure at the International Continence Society meeting held August 22 to 26 in Denver, Colo.

(Continued on Page 11)

(Continued from Page 10)

"Casino Related Coronary Events," a study by **James G. McHugh, MD**, Department of Emergency Medicine, was published in the July issue of *Findings*, a publication of the Atlantic City Medical Center.

"Epidural Steroid Injections for the Management of Back Pain and Sciatica," an article written by **Steven A. Mortazavi, MD**, Department of Anesthesiology, Division of Pain Management, was published in the September 1999 issue of *Resident & Staff Physician*.

**John G. Pearce, MD**, Chief, Section of Mammography, recently presented a paper on the "Surgically Altered Breast" and held workshops on "Problem Solving in Mammography" at the Breast Quality Care and Commitment meeting held in September in Indianapolis, Ind. In addition, Dr. Pearce was a contributor to the recent text "Breast Care – A Clinical Guidebook for Women's Primary Health Care Providers."

"A Prospective, Randomized Study Comparing the Results of Open Discectomy with those of Video-Assisted Arthroscopic Microdiscectomy," co-authored by **Todd W. Peters, MD**, Division of Orthopedic Surgery, was published in the July, 1999 issue of *The Journal of Bone and Joint Surgery*.

**Alexander Rae-Grant, MD**, Chief, Division of Neurology; **Nancy J. Eckert, RN**, Clinical Research Specialist; **James Reed III, PhD**, Evaluation Specialist; and **Sharon Bartz**, Administrative Secretary, authored a paper titled "Complimentary Medicine Use in Patients with Multiple Sclerosis." Dr. Rae-Grant presented the paper at the Joint RIMS-AMSC Symposium, which was held in September in Basel, Switzerland.

**Lester Rosen, MD**, Associate Chief, Division of Colon and Rectal Surgery, has served on an Advisory Council for the Joint Commission on Accreditation of Healthcare Organizations. The Advisory Council, which met in August, is charged to evaluate the attributes of core performance measures and associated evaluation criteria for surgical procedures and their complications. Eventually, these measures will be a part of the nationwide hospital accreditation process.

#### Good News!

The 24-hour reporting standard for radiologic tests provided at Muhlenberg Hospital Center has been restored. Your patience during this challenging time was appreciated.

## Upcoming Seminars, Conferences and Meetings

### Medical Grand Rounds

Medical Grand Rounds are held every Tuesday beginning at Noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78, and via Teleconference in the First Floor Conference Room of Muhlenberg Hospital Center.

Topics to be discussed in October will include:

- October 5 – New Approaches to the Treatment of Type II Diabetes
- October 12 – Evaluating Evidence to Guide Clinical Practice: Value of Cardiac Monitoring and Cost-Effectiveness of Low-Molecular Heparins
- October 19 – What's New in Diagnosis & Treatment of Sleep Disorders
- October 26 – Outpatient Management of the Patient with Atrial Fibrillation: Case Presentations

For more information, please contact Evalene Patten in the Department of Medicine at (610) 402-1649.

### Department of Psychiatry

"Treatment Implications of Cognitive Deficits in Schizophrenia" will be presented on Thursday, October 21, from Noon to 1 p.m., at Lehigh Valley Hospital, 17<sup>th</sup> & Chew, in the Auditorium on the second floor.

The objectives of the program include:

- Understand the motive and functional significance of cognitive deficit in schizophrenia.
- Understand current data on neural circulatory underlying cognitive disabilities in schizophrenia.
- Understand effects of anti-psychotic drugs on cognition in schizophrenia.

To register, please call (610) 402-CARE.

### Breast Cancer Prevention

**Breast Cancer Prevention: Incorporating New Data into Clinical Practice** will be held on Monday, October 25, from 12:30 to 4:15 p.m., in the Auditorium at Lehigh Valley Hospital, Cedar Crest & I-78. Lunch will be served at 11:30 a.m. CME credit is available for participants. Pre-registration is requested. Please fax your response to Deborah Kane at (610) 402-0364 by October 15 or call her at (610) 402-0581 if you have questions. There is no registration fee.

The I/S Customer Service Department is continually striving to improve service. On September 27, a change was made to the automated attendant when calling (610) 402-8303. Physicians and their office staff should select Option #1 (Clin1 Team) unless the question/issue is IDX related.

For your information, following is a sample of the Customer Service Initiative Information Card with a list of the new selections.

## **I/S**

### **Customer Service Initiative Information Card**

To reach your Team for assistance, dial the help line at **402-8303** and you will be given the following options:

Press 1 for the Clin1 Team  
Press 2 for IDX and related systems  
Press 3 for the Clin2 Team  
Press 4 for the Admin Team  
Press 5 Office Automation Issues  
Press 6 for the Vteam  
Press 7 for any Problems not covered

## **Who's New**

### **Medical Staff Appointments**

**Nadeem V. Ahmad, MD**  
Lehigh Valley Cardiology Associates  
2597 Schoenersville Road  
Suite 202  
Bethlehem, PA 18017-7396  
(610) 866-2233  
Fax: (610) 866-7738  
Department of Medicine  
Division of Cardiology  
Site of Privileges – LVH & MHC  
Provisional Active

**Ravindra Bollu, MD**  
Eastern PA Nephrology Associates  
1230 S. Cedar Crest Blvd.  
Suite 301  
Allentown, PA 18103-6231  
(610) 432-4529  
Fax: (610) 432-2206  
Department of Medicine  
Division of Nephrology  
Site of Privileges – LVH & MHC  
Provisional Active

**Daniel F. Brown, MD**  
Health Network Laboratories  
Lehigh Valley Hospital  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8140  
Fax: (610) 402-1691  
Department of Pathology  
Division of Neurosciences  
Site of Privileges – LVH & MHC  
Provisional Active

**Ahna S. Chu, MD**  
Progressive Physician Associates Inc  
Muhlenberg Hospital Center  
2545 Schoenersville Road  
Department of Radiology  
Bethlehem, PA 18017-7384  
(610) 861-4200  
Fax: (610) 861-7052  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges – MHC  
Provisional Active

**William G. Combs, MD**  
The Heart Care Group, PC  
3340 Hamilton Blvd.  
Allentown, PA 18103-4598  
(610) 433-6442  
Fax: (610) 776-6645  
Department of Medicine  
Division of Cardiology  
Site of Privileges – LVH & MHC  
Provisional Active

**Rosauro A. Dalope, MD**  
LVPG-Pediatrics  
Lehigh Valley Hospital  
17th & Chew  
P.O. Box 7017  
Allentown, PA 18105-7017  
(610) 402-2540  
Fax: (610) 402-9674  
Department of Pediatrics  
Division of General Pediatrics  
Site of Privileges – LVH & MHC  
Provisional Active

**Nicholas A. DiMartino, DO**  
Hamburg Family Practice Center  
260 State Street  
P.O. Box 488  
Hamburg, PA 19526-1823  
(610) 562-3066  
Fax: (610) 562-3125  
Department of Family Practice  
Site of Privileges – LVH & MHC  
Provisional Affiliate

**Gregory Egan, MD**

Progressive Physician Associates Inc  
Muhlenberg Hospital Center  
2545 Schoenersville Road  
Department of Radiology  
Bethlehem, PA 18017-7384  
(610) 861-4200  
Fax: (610) 861-7052  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges – MHC  
Provisional Active

**Eric J. Gertner, MD**

LVPG-Medicine  
1210 S. Cedar Crest Blvd., Suite 3600  
Allentown, PA 18103-6208  
(610) 402-1150  
Fax: (610) 402-1153  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Susan I. Haas, MD, PhD**

OBGYN Associates of the LV  
Paragon Building  
1611 Pond Road, Suite 401  
Allentown, PA 18104-2256  
(610) 398-7700  
Fax (610) 398-6917  
Department of Obstetrics and Gynecology  
Division of Primary Obstetrics and Gynecology  
Site of Privileges – LVH & MHC  
Provisional Active

**Douglas P. Harr, MD**

Mishkin Rappaport Shore & Harr Intl Med  
1251 S. Cedar Crest Blvd., Suite 112  
Allentown, PA 18103-6217  
(610) 433-1616  
Fax: (610) 433-1454  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Charles Scott Harris, MD**

LVPG-Emergency Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8130  
Fax: (610) 402-7160  
Department of Emergency Medicine  
Division of Emergency Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Ronald T. Hersh, Jr., DMD**

Advanced Prosthodontics  
3005 Brodhead Road  
Suite 180  
Bethlehem, PA 18020-9299  
(610) 865-4222  
Department of Dentistry  
Division of Prosthodontics  
Site of Privileges – MHC  
Provisional Active

**Khalid Karim, MD**

Craig Sabre Family Practice  
111 S. Spruce Street  
Nazareth, PA 18064-2155  
(610) 746-9640  
Fax: (610) 746-9642  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Howard J. Kushnick, MD**

Lehigh Valley Ophthalmic Associates  
Fairgrounds Medical Center  
400 N. 17<sup>th</sup> Street  
Suite 101  
Allentown, PA 18104-5099  
(610) 433-0450  
Fax: (610) 433-4655  
Department of Surgery  
Division of Ophthalmology  
Site of Privileges – LVH & MHC  
Provisional Active

**Nancy R. Lembo, DO**

Coordinated Health Systems  
2775 Schoenersville Road  
Bethlehem, PA 18017-7326  
(610) 861-8080  
Fax: (610) 861-2989  
Department of Medicine  
Division of Physical Medicine/Rehabilitation  
Site of Privileges – MHC  
Provisional Active

**Henry T. Liu, MD**

Allentown Family Health Specialists  
1251 S. Cedar Crest Blvd.  
Suite 102A  
Allentown, PA 18103-6212  
(610) 776-0377  
Fax: (610) 776-0382  
Department of Family Practice  
Site of Privileges – LVH & MHC  
Provisional Active

**Wayne F. McWilliams, MD**  
Muhlenberg Primary Care, PC  
2597 Schoenersville Road, Suite 302  
Bethlehem, PA 18017-7309  
(610) 868-6880  
Fax: (610) 868-5333  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Marnie P. O'Brien, DO**  
Lehigh Valley Eye Physicians  
2663 Schoenersville Road  
Bethlehem, PA 18017-7308  
(610) 867-9900  
Fax: (610) 867-0730  
Department of Surgery  
Division of Ophthalmology  
Site of Privileges – MHC  
Provisional Active

**Timothy C. Oskin, MD**  
Progressive Physician Associates Inc.  
3735 Nazareth Road, Suite 206  
Easton, PA 18045-8751  
(610) 252-8281  
Fax: (610) 253-5321  
Department of Surgery  
Division of Vascular Surgery  
Site of Privileges – LVH & MHC  
Provisional Active

**Carolyn E. Parry, MD**  
Medical Imaging of LV, PC  
Breast Health Services  
1240 S. Cedar Crest Blvd.  
Suite 203  
Allentown, PA 18103-6218  
(610) 402-0690  
Fax: (610) 402-0695  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Section of Mammography  
Site of Privileges – LVH  
Provisional Active

**Todd W. Peters, MD**  
Lehigh Valley Orthopedic Group, PC  
ROMA Corporate Center  
1605 N. Cedar Crest Blvd.  
Suite 111  
Allentown, PA 18104-2304  
(610) 821-4848  
Fax: (610) 821-1129  
Department of Surgery  
Division of Orthopedic Surgery  
Site of Privileges – LVH & MHC  
Provisional Active

**John P. Pettine, MD**  
Candio, Kovacs & Lakata, PC  
1230 S. Cedar Crest Blvd.  
Suite 201  
Allentown, PA 18103-6235  
(610) 402-8950  
Fax: (610) 402-1059  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Michael J. Pistoria, DO**  
LVPG-Medicine  
1210 S. Cedar Crest Blvd.  
Suite 3600  
Allentown, PA 18103-6208  
(610) 402-1150  
Fax: (610) 402-1153  
Department of Medicine  
Division of General Internal Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

**Ellen A. Redstone, MD**  
Progressive Physician Associates Inc  
Muhlenberg Hospital Center  
2545 Schoenersville Road  
Department of Radiology  
Bethlehem, PA 18017-7384  
(610) 861-4200  
Fax: (610) 861-7052  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges – MHC  
Provisional Active

**Darryn I. Shaff, MD**  
Medical Imaging of LV, PC  
Lehigh Valley Hospital  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8088  
Fax: (610) 402-1023  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges – LVH  
Provisional Active

**Joseph A. Silvaggio III, DMD**  
Joseph A. Silvaggio, DMD, PC  
1991-B Catasauqua Road  
Allentown, PA 18103-1104  
(610) 866-8989  
Department of Dentistry  
Division of Endodontics  
Site of Privileges – MHC  
Provisional Active

**Lisa J. States, MD**  
CHOP-Radiology  
Children's Hospital of Philadelphia  
324 S. 34<sup>th</sup> Street  
Philadelphia, PA 19104-4301  
(215) 590-4320  
Fax: (215) 590-4318  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Site of Privileges – MHC  
Provisional Active

**Julie W. Stern, MD**  
Allentown Medical Center  
401 N. 17<sup>th</sup> Street, Suite 311  
Allentown, PA 18104-5064  
(610) 402-3720  
Fax: (610) 402-3742  
Department of Pediatrics  
Division of Hematology/Medical Oncology  
Site of Privileges – LVH & MHC  
Provisional Associate

**Richard J. Strobel, MD**  
Pulmonary Associates  
1210 S. Cedar Crest Blvd.  
Suite 3200  
Allentown, PA 18103-6028  
(610) 439-8856  
Fax: (610) 439-1314  
Department of Medicine  
Division of Pulmonary  
Site of Privileges – LVH & MHC  
Provisional Active

**John F. Wheary, DO**  
LVPG-Emergency Medicine  
Lehigh Valley Hospital  
Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556  
(610) 402-8130  
Fax: (610) 402-7160  
Department of Emergency Medicine  
Division of Emergency Medicine  
Site of Privileges – LVH & MHC  
Provisional Active

### ***Appointment to Medical Staff Leadership Position***

**Victor M. Aviles, MD**  
Department of Medicine  
Division of Hematology/Medical Oncology  
Position: Associate Medical Director (MHC) for the John & Dorothy Morgan Cancer Center

**Keith R. Doram, MD**  
Department of Medicine  
Division of General Internal Medicine  
Position: Medical Director of 7B

**Bryan W. Kluck, DO**  
Department of Medicine  
Division of Cardiology  
Position: Medical Director of the Cardiac Catheterization Laboratory (Invasive Cardiology)

**Joseph L. Neri, DO**  
Department of Medicine  
Division of Cardiology  
Position: Medical Director of ACU and PCU

**Alexander D. Rae-Grant, MD**  
Department of Medicine  
Division of Neurology  
Position: Associate Medical Director for Research in Neurology

### ***Modification of Appointment to Medical Staff Leadership Position***

**Elliot I. Shoemaker, MD**  
Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Position: Vice Chair, Department of Radiology/Diagnostic Medical Imaging  
(Will include both LVH and MHC sites)

### ***Status Change***

**Joseph M. Antario, MD**  
Department of Surgery  
Division of Urology  
From Active to Affiliate  
Site of Privileges – LVH & MHC

**Judith N. Barrett, MD**  
Department of Family Practice  
From Active to Affiliate  
Site of Privileges – LVH & MHC

**Pricha Boonswang, MD**  
Department of Surgery  
Division of Colon and Rectal Surgery  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Robert C. Bornstein, DO**  
From Department of Family Practice  
To Department of Medicine  
Division of General Internal Medicine  
Active  
Site of Privileges – LVH & MHC

**MaryAnne Brndjar, DO**  
Department of Obstetrics and Gynecology  
Division of Primary Obstetrics and Gynecology  
From Provisional Active to Affiliate  
Site of Privileges – LVH & MHC

**Luis I. Campos, MD**  
Department of Surgery  
Division of General Surgery  
From Active to Affiliate  
Site of Privileges – LVH & MHC

**Philip J. Cinelli, DO**  
Department of Family Practice  
From Active to Affiliate  
Site of Privileges – LVH & MHC

**William F. Dunleavy, DPM**  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Foot and Ankle Surgery  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Antonio S. Garcia, MD**  
Department of Family Practice  
From Provisional Active to Affiliate  
Site of Privileges – LVH & MHC

**Jyoti Gopal, MD**  
Department of Family Practice  
From Provisional Active to Affiliate  
Site of Privileges – LVH & MHC

**Harold K. Heckman, MD**  
Department of Psychiatry  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Peter Isaac, DO**  
Department of Surgery  
Division of General Surgery  
From Active to Affiliate  
Site of Privileges – LVH & MHC

**Frederick Janczuk, DO**  
Department of Surgery  
Division of General Surgery  
From Active to Affiliate  
Site of Privileges – LVH & MHC

**William P. Jordan, MD**  
Department of Surgery  
Division of General Surgery  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Terry L. Marcincin, DMD**  
Department of Dentistry  
Division of General Dentistry  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Norman L. Maron, MD**  
Department of Surgery  
Division of Orthopedic Surgery  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**George M. Nassoor, DPM**  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Foot and Ankle Surgery  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Michael G. Nekoranik, DO**  
Department of Medicine  
Division of Pulmonary  
From Active to Associate  
Site of Privileges – MHC

**Lee N. Orowitz, DPM**  
Department of Surgery  
Division of Orthopedic Surgery  
Section of Foot and Ankle Surgery  
From Associate to Affiliate  
Site of Privileges – LVH & MHC

**Mark P. Shampain, MD**  
Department of Pediatrics  
Division of Allergy  
From Active to Associate  
Site of Privileges – LVH & MHC

**Julio E. Torres, MD**  
Department of Medicine  
Division of Hematology/Medical Oncology  
From Active to Associate  
Site of Privileges – MHC

### **Leave of Absence**

**Farhad Sholevar, MD**  
Department of Psychiatry

**John K. Mahon, MD**  
Department of Medicine  
Division of Neurology

**Christopher J. Wohlberg, MD, PhD**  
Department of Medicine  
Division of Neurology

### **Resignations**

**Sungji Chai, MD**  
Department of Obstetrics and Gynecology  
Division of Primary Obstetrics and Gynecology  
Affiliate



**Zev Elias, MD**

Department of Surgery  
Division of Neurological Surgery  
Section of Neuro Trauma  
Active

**Stuart D. Field, DMD**

Department of Dentistry  
Division of General Dentistry  
Associate

**Mary A. Gaspari, DMD**

Department of Dentistry  
Division of General Dentistry  
Associate

**Brian W. Little, MD, PhD**

Department of Pathology  
Division of Neurosciences  
Active

**Richard Markowitz, MD**

Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Provisional Active

**Richard J. Morgan, MD**

Department of Surgery  
Division of Cardio-Thoracic Surgery  
Provisional Active

**John F. Pifer, DO**

Department of Family Practice  
Affiliate

**Ronald D. Rypins, DMD**

Department of Dentistry  
Division of General Dentistry  
Associate

**Arnold G. Salotto, MD**

Department of Surgery  
Division of Neurological Surgery  
Section of Neuro Trauma  
Active

**Robert S. Sacchi, MD**

Department of Radiology/Diagnostic Medical Imaging  
Division of Diagnostic Radiology  
Provisional Active

**Marvin M. Sandler, DPM**

Department of Surgery  
Division of Orthopedic Surgery  
Section of Foot and Ankle Surgery  
Affiliate

**Address Change**

**Jolly B. Canlas, MD**

Westgate Professional Center  
1469 Roselawn Drive  
Bethlehem, PA 18017-3562

**Erika Lahav, MD**

Gateway Professional Building  
2045 Westgate Drive, Suite 305  
Bethlehem, PA 18017  
(610) 867-0832

**Mark C. Lester, MD**

1240 S. Cedar Crest Blvd.  
Suite 308  
Allentown, PA 18103-6218  
(610) 433-6166  
Fax: (610) 820-5357

**Oncology Specialists of the Lehigh Valley**

Victor M. Aviles, MD  
Gregory R. Harper, MD, PhD  
1240 S. Cedar Crest Blvd.  
Suite 103  
Allentown, PA 18103-6218  
(610) 402-7880  
Fax: (610) 402-7881

**Gerald P. Sherwin, MD**

1240 S. Cedar Crest Blvd.  
Suite 103  
Allentown, PA 18103-6218  
(610) 402-7884  
Fax: (610) 402-7881

**Barry H. Slaven, MD, PhD**

1210 S. Cedar Crest Blvd., Suite 3100  
Allentown, PA 18103-6264  
(610) 402-1350  
Fax: (610) 402-1356  
(Effective 10/11/99)

**New Practice Name**

**The Head & Neck Center PC**

Andrew J. Pestcoe, DO  
Edward A. Tomkin, DO  
311 S. Cedar Crest Blvd.  
Allentown, PA 18103

**Change of Practice**

**Mohammad N. Saqib, MD**

Bethlehem Medical Center  
2092 Stefk Blvd  
Bethlehem, PA 18017-5455  
(610) 694-1000  
Fax (610) 867-7180

**Practice Merger**

Andrew N. Bausch, MD and  
David G. Jones, MD have merged their practices to  
**Bausch and Jones Eye Associates**  
Liberty Square Medical Center  
501 N. 17<sup>th</sup> Street, Suite 111  
Allentown, PA 18104-5044  
(610) 432-0201  
Fax: (610) 434-1210

**Allied Health Professionals****Appointments**

**Carmel L. Castagna, CRNA**  
Physician Extender  
Professional – CRNA  
(Allentown Anesthesia Associates Inc. – Alphonse A. Maffeo, MD)  
Site of Privileges – LVH & MHC

**John F. Davis, PA-C**  
Physician Extender  
Physician Assistant – PA-C  
(Orthopaedic Associates of Allentown – Patrick B. Respet, MD)  
Site of Privileges – LVH & MHC

**Alice A. Duncan, PA**  
Physician Extender  
Physician Assistant – PA  
(LVPG-Emergency Medicine – Richard S. MacKenzie, MD)  
Site of Privileges – LVH & MHC

**Kathryn C. Hoyt, CNM**  
Physician Extender  
Professional – CNM  
(The Midwives & Associates, Inc. – M. Bruce Viechnicki, MD)  
Site of Privileges – LVH & MHC

**Christine B. London, CNM**  
Physician Extender  
Professional – CNM  
(The Midwives & Associates, Inc. – M. Bruce Viechnicki, MD)  
Site of Privileges – LVH & MHC

**Michael J. Lucadamo**  
Physician Extender  
Technical – Anesthesia Tech Assistant  
(Allentown Anesthesia Associates Inc. – Alphonse A. Maffeo, MD)  
Site of Privileges – LVH & MHC

**Mark T. McIntosh**  
Physician Extender  
Technical – Anesthesia Tech Assistant  
(Allentown Anesthesia Associates Inc. – Alphonse A. Maffeo, MD)  
Site of Privileges – LVH & MHC

**Andrew J. Sifers**  
Physician Extender  
Technical – Surgical Technician  
(Valley Sports & Arthritis Surgeons – Thomas D. DiBenedetto, MD)  
Site of Privileges – LVH & MHC

**Angela M. Toro, CRNP**  
Physician Extender  
Professional – CRNP  
(Oncology Specialists of Lehigh Valley – Victor M. Aviles, MD)  
Site of Privileges – LVH & MHC

**Melanie J. Wood-Zettlemoyer, RN**  
Physician Extender  
Professional – RN  
(The Heart Care Group, PC – Michael A. Rossi, MD)  
Site of Privileges – LVH & MHC

**Resignations**

**Patricia G. Bates, CNM**  
Physician Extender  
Professional – CNM  
(The Midwives – James Balducci, MD)

**Sally A. Hollis**  
Physician Extender  
Technical  
(The Heart Care Group, PC – Michael A. Rossi, MD)

**Have you moved recently or  
changed your phone number?  
If so, please inform Medical Staff  
Services at (610) 402-8900.**

# ***THERAPEUTICS AT A GLANCE***

The following actions were taken at the July/August 1999 Therapeutics Committee Meeting -Clinical Pharmacy Services - Joseph Ottinger, R.Ph., MS, MBA, Christopher Moore, R.Ph., James Sianis, Pharm.D.

## ***I. V. to P. O. Stepdown Program***

At the August 1999 Therapeutics Committee, the pharmacy received approval to initiate an automatic IV to PO step down conversion program based on selected criteria outlined below. Two antimicrobials will be targeted initially: Levofloxacin and Fluconazole. Both of these agents have been shown to have excellent bioavailability when given by the oral route. When a pharmacist receives an order for either of these agents, the patient's medical record will be reviewed. Using the criteria approved by Therapeutics committee, the pharmacist will be permitted to substitute the oral dosage form at the same milligram strength and frequency of administration. The criteria are based on the patient's ability to take PO or the ability to tolerate enteral feedings.(see below) The prescribing physician will be notified by the use of a sticker placed in the progress notes.

### **General Criteria - Is/has the patient:**

1. Tolerating a diet or enteral feeds at a no less than 30 ml/h for 12 hours? Y/N
2. NOT experienced any episodes of malabsorption defined as vomiting/diarrhea in the previous 12 hours? Y/N
3. NOT experiencing high residuals while on enteral feedings, defined as residuals > 2x the hourly rate in the previous 12 hours? Y/N
4. NOT receiving nutrition via a jejunostomy? Y/N
5. Is the patient hemodynamically stable as defined by the maintenance of "normal blood pressure," without the use of colloid/crystalloid boluses or pressors in the past 12 hrs? Y/N
6. Is the patient NOT scheduled for a surgical procedure in the next 24 hr? Y/N

If the answers to ALL of these questions are YES, the patient should be considered a candidate for IV to PO step down therapy.

## ***1999 Antibigram***

The 1999 Lehigh Valley Hospital antibiogram is now available. There is a separate antibiogram for the critical care units. The antibiograms are located in the back of all patient charts and in the protocol manuals in the TNICU. One point of interest concerning the antibiogram is the high level resistance to a number of nosocomial bacteria such as Acinetobacter. Another area that deserves increased attention is the number of antibiotics with dwindling sensitivity to Pseudomonas aeruginosa. The quinolones stand out with 28% resistance housewide and 34% resistance in the critical care units. We would like to point out, that the addition of levofloxacin to the LVH formulary did not adversely affect Pseudomonas susceptibility to quinolones. The quinolones, specifically ciprofloxacin, were losing activity to Pseudomonas prior to levofloxacin being added to the formulary.

Please refer to the revised antibiograms before making any decisions regarding

empiric treatment with antibiotics. If you have any questions or would like a copy of the antibiogram, please contact the Clinical Pharmacy office at 402-8884.

### ***Antibiotic Changes to the LVH Formulary - Preventing Resistance***

The following changes to the Lehigh Valley Formulary were unanimously accepted during the August 1999 Therapeutics Committee.

Based on declining activity against *Escherichia coli*, ampicillin/sulbactam (Unasyn®) will be automatically substituted with the combination of cefazolin/metronidazole. Cefazolin has better activity against *E. coli* than ampicillin/sulbactam and metronidazole is as effective at eradicating *Bacteroides fragilis* and other anaerobes. Based on coverage and cost, the combination of cefazolin/metronidazole is an excellent option for the treatment of most infections where ampicillin/sulbactam would be used. If enterococcus is of concern, then ampicillin can be added to the patients drug regimen. The sulbactam portion of the Unasyn compound is designed specifically to inhibit betalactamase enzymes and confers no added activity toward enterococcus. Ampicillin/sulbactam will still be available for bite wounds only, since it has been shown to be a superior agent in this clinical situation.

In an effort to improve its activity against *Pseudomonas aeruginosa*, aztreonam (Azactam®) will be restricted to patients with documented hospital acquired gram negative infections susceptible to aztreonam and contraindications to other treatment modalities. Aztreonam will not

be released by the pharmacy unless there is a documented culture in the computer with corresponding sensitivities.

With an increasing rate of vancomycin resistant enterococci and recent reports in the literature regarding vancomycin intermediate staphylococci aureus, the following changes have been made regarding the prescribing of vancomycin. Vancomycin can still be ordered empirically, using the CDC recommendations for the appropriate use of this agent. All orders for vancomycin will be given an automatic three day stop period. If after three days, culture and sensitivities do not reveal MRSA, ampicillin resistant enterococci or coagulase negative staphylococci, then no further doses of vancomycin will be released by the pharmacy.

These changes in antimicrobial usage are not intended to restrict physician practice. They are intended to preserve the activity of valuable antimicrobial agents to important nosocomial pathogens and maintain the quality of care that the community has come to expect from Lehigh Valley Hospital.

All antibiotic changes will take effect October 1, 1999.

2024 Lehigh Street  
Allentown, Pa.  
18103-4798  
610-402-8150  
610-402-1670 (fax)

**Health Network Laboratories**

To: All Medical and Surgical Staff  
From: Bala B. Carver, MD, Chairperson Transfusion Review Committee  
Re: Transfusion Documentation Guidelines  
Date: September 15, 1999

JCAHO's and the American Association of Blood Bank's Quality Assurance Program requires that on a monthly basis, a percentage of blood/blood component transfusions are reviewed for appropriateness and documentation. Presently, at MHC, all FFP, Platelets and cryoprecipitate are reviewed along with 30 units of PRC's, and at LVH, 5% of all transfusions are reviewed. These units are randomly selected.

JCAHO also requires that the medical record reflect the rationale, appropriateness, and the outcome of any given treatment. This is especially important when blood/blood components are used, due to the cost and potential for a reaction or disease transmission.

Our review has brought to our attention, that documentation of rationale for transfusion is often missing from the patient's medical record. I am providing you with guidelines for documentation in addition to criteria used by the Q.A. department for validating blood and blood component usage.

- 1) Blood/ Blood component, and reason for transfusion must be clearly documented in the progress record. The reason for transfusion cannot be inferred by the events or by lab values. (e.g. 2 units FFP administered for coumadin reversal in patient with intracranial bleeding or pre-op in a patient with a high INR)
- 2) Estimated blood loss must be documented in the O.R. report with usage of any blood/blood component and reason for their administration.

We appreciate your cooperation in keeping us in compliance with JCAHO's regulations. Should you have any questions do not hesitate to contact:  
Bala B. Carver, MD, Director of Transfusion Medicine and HLA at 610-402-8142.

Sincerely,

*B. Carver MD*

Bala B. Carver, MD  
Chairperson, Transfusion Review Committee

**LEHIGH VALLEY HEALTH NETWORK**  
**Transfusion Review Committee**

**Packed Red Blood Cell Justification Guidelines**

The following numbered criteria correspond to the numbers located on the Packed Red Blood Cell Monitoring Log:

1. Hemoglobin < 10.
2. Hematocrit < 30.
3. Blood pressure < 100 systolic.
4. Active bleeding or evidence of acute blood loss of 15% blood volume.
5. Hypovolemia.
6. Diagnosis of anemia due to chronic disease.
7. Renal Failure with hemodialysis.

**LEHIGH VALLEY HEALTH NETWORK**  
**Transfusion Review Committee**

**Fresh Frozen Plasma Justification Guidelines**

The following numbered criteria correspond to the numbers located on the Fresh Frozen Plasma Monitoring Log:

1. Specific factor deficiencies.
2. Reversal of Coumadin effect in urgent circumstances.
3. Multiple clotting factor deficiency.
4. Surgery patients or patients on Heparin.
5. Presence of TTP or DIC? (May be of benefit)
6. Non-established factor deficiency with PPT > 45 seconds or PT > 13.5 seconds.
7. In massive blood transfusion with presence of "oozing" or prolonged PTT or PT.

**LEHIGH VALLEY HEALTH NETWORK**  
**Transfusion Review Committee**

**Platelet Justification Guidelines**

The following numbered criteria correspond to the numbers located on the Platelet Monitoring Log:

1. Decreased platelet count due to treatment of malignancy:
  - a. Prophylaxis at platelet counts  $< 20,000 - 25,000$  in an asymptomatic patients.
  - b. Prophylaxis at higher platelet counts if patient is at risk due to severe infection, rapid tumor lysis, DIC, etc.
2. Low platelet count in preoperative patient:
  - a. Prophylaxis if platelets  $< 50,000$ .
  - b. Therapeutic if platelets  $< 60,000$  and patient has experienced excessive preoperative blood loss.
3. Normal platelet count with abnormal function (bleeding time 12 min) with patient going to surgery or actively bleeding.
1. Massive surgery or bleeding (after 6 units), DIC, possible ITP, TTP, hemolytic – uremic syndrome, splenomegaly.



**LEHIGH VALLEY HEALTH NETWORK**  
**Transfusion Review Committee**

**Cryoprecipitate Justification Guidelines**

The following numbered criteria correspond to the numbers located on the Cryoprecipitate Monitoring Log:

1. Fibrinogen deficiency. (Defined as <100 mgm/dl)
2. VonWilbrand's Disease.
3. Presence of DIC.
4. Massive transfusion.
5. Factor VII deficiency.
6. Factor XII deficiency.
7. Topical use in the presence of oozing.

## ADMINISTRATION OF HOME ANTIBIOTIC THERAPY BY INTRAVENOUS PUSH

Howard Cook, Jr., R.Ph., BCNSP, FASHP  
Clinical Pharmacist, Health Spectrum Pharmacy

The educational process for home IV therapy patients can be complicated by the perception of the patient that the treatment is far too overwhelming for their abilities. It is a challenge for the professional to convince the patient that he/she is capable of such therapy, while, at the same time, presenting the patient with microcomputerized pumps, IV poles and the many supplies necessary for successful patient management. Along with the above issues is the requirement for repeated nursing visits to the home until the patient can be "signed-off" as independent. With respect to home IV antibiotic therapy, a valid option may be administration using intravenous push technique.

An early study in fluid-restricted patients by Robinson, et al.<sup>1</sup> showed that 22 of the 26 antibiotics tested achieved osmolality appropriate for peripheral vein administration (defined in the study as less than 560mOsm/kg) at concentrations of 100mg/ml. The diluents used in the study were sterile water for injection, 0.9% Sodium chloride injection, and 5% Dextrose injection. These findings are well within the accepted ranges for peripheral, midline and PIC intravenous catheters commonly used in clinical practice. Another study has shown no significant difference in phlebitis when comparing antibiotic administration via IV push and via IV piggyback techniques.<sup>2</sup>

Antibiotics prepared for intravenous push administration include ampicillin, aztreonam, cefazolin, cefotaxime, cefotetan, ceftazidime, ceftriaxone, cefuroxime, chloramphenicol, meropenem, oxacillin and piperacillin. If nafcillin is to be administered via IV push, a central venous catheter is recommended. Antibiotics that are not appropriate for IV push include the aminoglycosides, vancomycin, acyclovir, clindamycin, imipenem-cilastatin, ciprofloxacin, levofloxacin, amphotericin B, ganciclovir, foscarnet and metronidazole.

Instruction for the administration of antibiotics via intravenous push can easily be blended with the patient teaching required for IV catheter maintenance. Since most IV push antibiotics can be administered over a period of between 1 and 10 minutes<sup>3</sup>, it becomes as mechanical as line flushing. This method of antibiotic administration has the added advantages of not having the patient tethered to an infusion pump and not changing intravenous tubing, thus reducing inconvenience and the potential for contamination.

Effective home intravenous therapy requires the professional to make the therapy understandable to the patient in order to build that all-important comfort and confidence. In those patients with underlying fears concerning treatment with IV antibiotics in the home, IV push administration offers a significant option.

---

<sup>1</sup> Robinson DC, Cookson TL, Grisafe JA. Concentration guidelines for parenteral antimicrobials in fluid-restricted patients. *Drug Intell Clin Pharm.* 1987;21:985-9.

<sup>2</sup> Garrelts JC, Ast D, LaRocca J, et al. Postinfusion phlebitis after intravenous push versus intravenous piggyback administration of antimicrobial agents. *Clin Pharm.* 1988;7:760-5.

<sup>3</sup> Trissel, LA. Handbook on Injectable Drugs. 10th Edition. Bethesda, MD: American Society of Health-System Pharmacists, 1998.

# THE CENTER FOR EDUCATIONAL DEVELOPMENT AND SUPPORT

---

October, 1999

---

## Symposia:

**10/15/99 Psychiatry Symposium** will be held from 8-12 at LVH-CC Auditorium. Topics covered will be: Interface of Psychiatry and Medicine in Dealing with Chronic Medical Illness, Collaborative Care between Psychiatry and Primary Care Physicians, Telepsychiatry, and Functional Bowel Disorder. To register, please contact Janice Santee at 610-317-5752.

**10/15/99 MESH Conference 1999 – Building a Healthier Lehigh Valley: Putting the Pieces Together** will be held at Lehigh University from 730-330. To register, please contact Lucy Laporte at 610-402-2598.

**10/25/99 Breast Cancer Prevention: Incorporating New Data into Clinical Practice** will be held at LVH-CC Auditorium from 1230-415. Lunch will be served at 1130. To register, please contact Debbie Kane at 610-402-0634.

## News from the Library

### OVID/PubMed TRAINING.

To schedule a one-on-one OVID (MEDLINE) training session, call Barbara Iobst in the Health Sciences Library at 610-402-8408 between 8:30am-5:00pm, weekdays. Barbara can also instruct you in the use of PubMed, a free Web-based service offered by the National Library of Medicine.

## New Publications-Cedar Crest & I-78

"Allergy: Principles & Practice," 5th edition  
Author: E. Middleton, et al. Call No. WD 300 A4345 1998 (Reference Section)

"Current Therapy of Trauma," 4th edition  
Author: D. Trunkey, et al. Call No. WO 700 T865c 1999

## New Publications - 17th And Chew

"Physical Diagnosis: Bedside Evaluation of Diagnosis and Function" Author: J. Willms, et al. Call No. WB 200 W737p

"Essentials of Obstetrics and Gynecology," 3rd edition Author: N. Hacker, et al. Call No. WQ 100 E783

## New Publications - Muhlenberg Hospital Center

"PDR for Herbal Medicine" Call No. QV 767 P569h 1998

"Surgical Clinics of North America" Subject: "Acute and Chronic Pancreatitis" Vol. 79, No. 4, August 1999.

## News from the Office of Educational Technology

**MDConsult** is a comprehensive on-line medical information service. MDConsult is a continuously updated tool designed to help you answer clinical questions and stay up-to-

## Medical Staff Progress Notes

date in medicine. MDConsult is available to physicians and medical professionals at LVH/MHC through a link from our Intranet.

To access MDConsult: Open the LVH Intranet ([www.lvh.com](http://www.lvh.com)), click on Resources, and select Clinical, and then MDConsult. Each user will need to complete a one-time registration process to personalize the service and identify him/herself as a user. After that, the LVH user will only have to login using the user name and password created during the registration process.

Under our licensing agreement, MDConsult provides free access to LVHHN users only from the LVHHN network. That means that if you are trying to access MDConsult from home using your own Internet Service Provider (ISP), you will not be able to access MDConsult for free. If you have dial-up access to the LVH network from home, you can then log into MDConsult using your Web browser.

For comments or questions, please email Dean.Shaffer.

### Computer-Based Training (CBT):

Computer Based Training (CBT) programs are available for LVHHN staff. Topics covered by the CBT programs include: Access 2.0, PowerPoint 4.0, Windows NT 4, Word 97, Excel 97, Access 97, PowerPoint 97, Lotus 1-2-3 Millenium, WordPerfect 8, PHAMIS LastWord Inquiry Only commands, and E-mail GUI (check with your I/S analyst to see if you have the GUI e-mail)

When I/S upgrades your PCs from Windows 3.11 to Windows NT, your office automation software will also be upgraded. Prepare for this upgrade by attending CBT

sessions. Any questions about the NT upgrade should be directed to your I/S analyst.

CBT at LVH-CC takes place in Suite 401 of the Cancer Center (the computer training room). The schedule for LVH-CC is:

11/02 - 12 pm - 4 pm  
11/09 - 8 am - 12 pm  
11/16 - 12 pm - 4 pm  
11/23 - 8 am - 12 pm  
11/30 - 12 pm - 4 pm  
12/07 - 8 am - 12 pm  
12/14 - 12 pm - 4 pm

CBT at MHC takes place in the computer training room (in the main hospital building just off the lobby). The schedule for MHC is:

10/07 - 8 am - 12 pm  
11/11 - 12 pm - 4 pm  
11/18 - 8 am - 12 pm  
12/02 - 8 am - 12 pm  
12/16 - 12 pm - 4 pm

At each site, twelve slots are available for each session.

To register, please contact Bonnie Schoeneberger via email or at 402-1210 telling her which session you want to attend. Include a second choice in case your first is already filled. You will receive an e-mail confirming your choice within two business days.

We will be adding more CBT programs to our curriculum. We will announce any additions via e-mail. If you have any questions, please contact Craig Koller at 402-1427 or e-mail.

*Any questions, concerns or comments on articles from CEDS, please contact Sallie Urffer 402-1403*

# EDUCATION SCHEDULE

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>October 1999</b>					<b>1</b> 7 am GYN Tumor Board/OBGYN Grand Rounds - 17 Aud  12 Noon Breast Tumor Board - JDMCC- CR1	<b>2</b>
<b>3</b>	<b>4</b> 12 Noon C/R Tumor Board - JDMCC - CR1 A/B	<b>5</b> 7 am Surgical Grand Rounds - CC-Aud  8am Pediatric Grand Rounds - 17-Aud  12 Noon Medical Grand Rounds CC-Aud	<b>6</b>	<b>7</b> 9 am Emergency Medicine Grand Rounds - JDMCC - CR8  12 Noon Combined Tumor Board - JDMCC - CR1 A/B	<b>8</b> 7 am OBGYN Grand Rounds - 17 Aud  12 Noon Pediatric Noon Conf - 17 Aud  12 Noon Breast Tumor Board - JDMCC- CR1	<b>9</b>
<b>10</b>	<b>11</b>	<b>12</b> 7 am Surgical Grand Rounds - CC-Aud  7am Ambulatory Clinical Guideline dev -SON  715 am Perinatal Grand Rounds- 17 Ctr for Women  8am Pediatric Grand Rounds - 17-Aud  12 Noon Medical Grand Rounds CC-Aud	<b>13</b> 11 CEDS Presents - CC - LRC  12 Noon Pulmonary Tumor Board - JDMCC - CR1 A/B	<b>14</b> 12 Noon Combined Tumor Board - JDMCC - CR1 A/B	<b>15</b> 7am OBGYN Grand Rounds -17 Aud  730 am MESH Conference - Lehigh University  8am Psychiatry Symposium- CC Aud  12 Noon Breast Tumor Board - JDMCC -CR1 A/B	<b>16</b>
<b>17</b>	<b>18</b> 12 Noon C/R Tumor Board - JDMCC - CR1 A/B	<b>19</b> 7 am Surgical Grand Rounds - CC-Aud  8am Pediatric Grand Rounds - 17-Aud  12 Noon Medical Grand Rounds CC-Aud	<b>20</b>	<b>21</b> 12 Noon Combined Tumor Board - JDMCC - CR1 A/B  12 Noon Psychiatry Grand Rounds -17 Aud	<b>22</b> 7 am OBGYN Grand Rounds - 17 Aud  12 Noon Pediatric Noon Conf - 17 Aud  12 Noon Breast Tumor Board - JDMCC- CR1	<b>23</b>
<b>24/31</b>	<b>25</b> 1230 pm Breast Cancer Prevention: Incorporating New Data Into Clinical Practice - CC Aud	<b>26</b> 7 am Surgical Grand Rounds - CC-Aud -  8am Pediatric Grand Rounds - 17-Aud  12 Noon Medical Grand Rounds CC-Aud  12 Noon Urology Tumor Board - JDMCC - CR1 A/B	<b>27</b> 12 Noon Tumor Board - MHC - 1 <sup>st</sup> floor CR	<b>28</b> 12 Noon GI Tumor Board - JDMCC - CR A/B	<b>29</b> 7am OBGYN Grand Rounds -17 Aud  12 Noon Breast Tumor Board - JDMCC- CR1 A/B	<b>30</b>

Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556

---

## Medical Staff Progress Notes

David M. Caccese, MD  
President, Medical Staff  
Edward M. Mullin, Jr., MD  
President-elect, Medical Staff  
Robert X. Murphy, Jr., MD  
Past President, Medical Staff  
John W. Hart  
Vice President  
Rita M. Mest  
Director, Medical Staff Services

Janet M. Seifert  
Physician Relations  
*Managing Editor*

## Medical Executive Committee

Linda K. Blose, MD  
Karen A. Bretz, MD  
David M. Caccese, MD  
Luis Constantin, MD  
Thomas D. DiBenedetto, MD  
John P. Fitzgibbons, MD  
Larry R. Glazerman, MD  
Michael W. Kaufmann, MD  
Mark A. Kender, MD  
Stephen K. Klasko, MD  
Robert Kricun, MD  
Robert J. Laskowski, MD  
Richard L. London, MD  
Alphonse A. Maffeo, MD  
John A. Mannisi, MD  
John W. Margraf, MD  
Eric J. Marsh, DMD  
James L. McCullough, MD  
William L. Miller, MD  
Edward M. Mullin, Jr., MD  
Brian P. Murphy, MD  
Robert X. Murphy, Jr., MD  
John D. Nuschke, MD  
Michael D. Pasquale, MD  
Harvey B. Passman, DO  
Victor R. Risch, MD  
Michael Scarlato, MD  
John J. Shane, MD  
Elliot I. Shoemaker, MD  
Elliot J. Sussman, MD  
Hugo N. Twaddle, MD  
John D. VanBrakle, MD  
Michael S. Weinstock, MD

**Medical Staff Progress Notes**  
is published monthly to  
inform the Medical Staff of  
Lehigh Valley Hospital and  
employees of important  
issues concerning the  
Medical Staffs.

Articles should be submitted  
to Janet M. Seifert, Physician  
Relations, Lehigh Valley  
Hospital, Cedar Crest & I-78,  
P.O. Box 689, Allentown, PA  
18105-1556, by the 20th of  
each month. If you have any  
questions about the  
newsletter, please call Mrs.  
Seifert at (610) 402-8590.